

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2373HOSA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2009
NAME OF PROVIDER OR SUPPLIER RENOWN SOUTH MEADOWS MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10101 DOUBLE R BLVD RENO, NV 89521		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Surveyor: 13812 This Statement of Deficiencies was generated as a result of a State licensure focus survey conducted in your facility on 10/19/09 through 10/22/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:	S 000		
S 535 SS=D	NAC 449.385 Surgical Services 1. If a hospital provides surgical services, the services must be well-organized and provided in accordance with nationally recognized standards of practice. If outpatient surgical services are offered, the services must be consistent in quality, in accordance with the complexity of the services, with similar services provided to inpatients. This Regulation is not met as evidenced by:	S 535		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 535	Continued From page 1 Surveyor: 22046 Based on observation, policy review, staff and physician interview, the facility failed to ensure that a non employee physician followed infection control standards of practice for administration of intravenous medications for 1 of 3 patients. (Patient #11) 1. On two occasions a physician used his mouth to remove the cap of syringe prior to administration of intravenous Propofol during an outpatient procedure. 2. The physician touched the contaminated cap with his fingers following drug administration and administered an additional dose of propofol without cleansing his hands. Severity: 2 Scope: 1	S 535		

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